Form D-174 (Revised 2/2004)

## SECURITIES TRANSACTION REQUEST Outside Depositors Only



State of California Department of Insurance 300 Capitol Mall, Suite 14000 Sacramento, CA 95814

	Request Number				
-					
	Assigned by Dept. of Ins.				

For Deposito	ory Use Only
Date of Deposit:	_
Date of Withdrawal:	

						7 -1	1			
Check One:	Initial Deposit	Additional De	eposit Withdrawal		ubstitution/ cchange	To	otal Deposit Value of: Depo	osit:	Withdrawal:	
COMPANY INFORMATION If New Company, check here					neck here			BANK INFORMAT	TON	
Company Name:					Bank Name	<b>9</b> :				
Mailing Address:			Mailing Add	dress:						
Contact Name:					Contact Na	me:				
E-mail Address										
Telephone & Fax #:		Tax I.D. #:	N/	AIC/CDI #:		Telephone	& Fax #:			
				SEC	URITIES TO	BE DEPOS	ITED			
	escription of Securities identify whether common	or preferred	Cusip / Serial / Certificate Number	Rate	Issue Date	Maturity Date	Par/Face Value	Market Value As of:	Deposit Value (Lower of Par or Market)	Rating (Include Source)
ii depositing stock,	identity whether common	or preferred.	Number	Nate	issue Date	Maturity Date	r ai/r ace value	A3 01.	(Lower of Fai of Market)	(include Source)
					DEDOCIT CD	AND TOTAL C			+	
LIST SECURITIES TO BE WITHDRAWN ON REVERSE DEPOSIT GRA					AND IUIALS	-	1 -	<u> </u>	1	

Request Number
Assigned by Dept. of Ins.

Company Name:			-	Assigned by Dept. of Ins.						
			SECURIT	TES TO BE WITHDRAW	N					
If withdrawing	Description of Securities  Cusip / Serial / Certificate awing stock, identify whether common or preferred.  Number			Maturity Dates	Par/Face Value	Market Value As of:	Deposit Value (Lower of Par or Market)			
If additional space is needed, use plain paper following columnar format above and have signers initial and date each page.				THDRAWAL GRAND TOTALS	-	-	-			
			A	UTHORIZATION						
	COMPANY	7			FINANCIAL INSTITUTION					
The insurer certifies that the substituted/additional deposit/withdrawal without replacement is in compliance with Sections 11691 and 11691(c) of the California Insurance Code and Article 9.5, Subchapter 3, Chapter 5, Title 10 of the California Administrative Code.  Signature of Company Officer  Print Name and Title				according to our be.	tify that this accounting is true of strict information and belief.	Depository Seal				
Signature	of Company Officer Print !	Name and Title	Date	Authori	zed Signature	Date				